	CIVATION FEE DETERMINATION OF A MINISTRALION UNITED TO THE CONTROL OF THE CONTROL					PTO/SB/06 (0 or use through 7/31/2006. OMB 0651- ice; U.S. DEPARTMENT OF COMME is it displays a valid OMB control are			
	1				ON RECORD		Application or Dockel Number		
	C	LAIMS AS FILED - P	ARTI	•		<u>'</u>	00	40	
	·	(Column 1)	(Column 2)	SMAL	L ENTITY		OTHE	R THAN	
,	FOR BASIC FEE	NUMBER FILED			LENIITY	0R	SMALL	ENTITY	
	(37 CFR 1.16(a))		NUMBER EXTRA	RATE	FEE				
	FOTAL CLAIMS (37 CFR 1.16(c))				7.		RATE	FEE	
T t	INDEPENDENT	minus 20 =	•		+	OR.		· s	
- 1	(37 CFR 1.16(b))	minus 3 =		X \$=	1	OR	X . \$ =		
- 1	MULTIPLE DEPENDENT CLA	"		X \$=				<u> </u>	
			1.16(d))	+s =		OR	X 5=		
- 1	'Il the difference in column 1	is less than zero, enter "0"	io columna	L',	l	OR	+ 5_ =		
				TOTAL	L <u>.</u> 1	OR -	Tor		
1	7	AS AMENDED - PAF	RTII	•			TOTAL		
. 4	1-5-Q5 (Colum	nn 1) (Cor	umn 2) (Column 3)						
	CLA	IMS 1		SMALL E	YTITY	OR	OTHER TH	HAN	
Į į	12415 REMA	FR NUM	IAFR DOCCELT				SMALL EN	TITY	
1 8	Total AMEND	MENT PAID	FOR EXTRA	RATE	ADDI- TIONAL		RATE	AĎDI-	
AMENDM	(37 CFR 1.16(c))	2 Minus " 3	1/2 -		FEE	- 1		TIONAL :	
l Ē	(37 CFR 1.16(b))	Minus ···	5	x:25 =	OF		50	FEE.	
18	FIRST PRESENTATION SE		.5	x s/00 =					
	FIRST PRESENTATION OF MI	ULTIPLE DEPENDENT CLAIM	(37 CFR 1.16(d))		OR.	. X s	200=		
1	•			+ \$780=	OR	1245	360=		
<u> </u>	(Column 1			ADD'L FEE	OR	TOT	AL		
	CLAIMS	Colum	n 2) (Column 3)			ADO	L FEE		
EN T	REMAININ AFTER	NUMBE	B   porceus		-		<u> </u>	- 1	
W	Total		SLY   FXTRA		DDI: DNAL	R	ATE AD		
91	(3) CFR 1.16(c))	Minus **	=		EE	1	1101	VAL	
AMENDM	31 CFR 1.16(b))	Minus ***		x s <u>Z5</u> =	OR .	x 5.5	FE FE	€	
₹ F	IRST PRESENTATION OF MALE			x \$_100=			<del></del>		
	IRST PRESENTATION OF MULT	IPLE DEPENDENT CLAIM (37	CFR 1.16(d))	+1180=	OR OR	× \$20		_	
			(	TOTAL	OR	+34	0.		
	(Column 1)		٠	ADO'L FEE	OR	TOTAL ADD'L F			
	CLAIMS	(Column 2) HIGHEST	(Column 3)				·		
zl	REMAINING AFTER	I NUMBER	PRESENT	RATE ADD				_1 .	
<u> </u>	Total	PREVIOUSLY PAID FOR	EXTRA	TION		RATE	ADDI-	7	
(37 c)	Pendent	Minus	T=	FEE			TIONAL	- 1	
(37 C) (10 de (37 C) (37 C)	PER 1.16(b))	Minus •••	1 ×	:25 =	ORX	:50	FEE	$\dashv$	
FIRS	T PRESENTATION OF AUGUS	<u></u>	x	100=	1 1-			_	
	T PRESENTATION OF MULTIPLE	DEPENDENT CLAIM (37 CF	R 1.16(d))	180	- OR X	s 200	=	_1	
* It the	and the second			TAL	OR +	34	2	7	
" If the	entry in column 1 is less than "Highest Number Previously I	the entry in column 2: write	AD	DLFFF	TC	TAL D'L FEE	1	-1	
The 4L	" a Leviously b	aid For MI THIS OF LE	າ ເວລະ ເກສກ 20. enter "ວາ	)".	-		L	1 .	
	- Torrously Fa	IU COC ( Lotal as Is 4			•			1	
o to proing gathe	n of information is required by poess) an application. Confide ering, preparing, and submitting of time you require to comple to Office, U.S. Department of Confidence of	ntiality is governed by as it	nation is required to ob	lain or retain a become	ate box in column	1.		1	
	and submitting	In the complete	.O.C. 122 and 37 CED	1 14 THE	by the public wit	lot la ti	file (and by the	ı	
ESS. SE	of time you require to comple k Office, U.S. Department of C ND TO: Commissioner for t	ommerce, P.O. Box 1450	ons for reducing this bu	rden, should be sent to	g upon the individ	ual case	Any comments		
		Patonia to a	**************************************	400 00 11-	· ····· Cillel Inform-	dian Orr			

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.